

To cc -> Jim, Jack on 9-1-90  
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3-15-90

TO: Bob, Gary

FR: Frank

File: Teams

HIV Counseling

RE: Letter from "Dr Bob" reader.

General: poignant; well-written, good  
1st-person impact. Publishing an edited  
version would be a good way to spark debate.  
Delete references to specific businesses &  
get the author's permission.

My plan

yes.

### Observations

1. The author makes several suggestions that  
avoid his personal responsibility. Would he have  
stayed HIV<sup>+</sup> if the baths had been closed?  
Unlikely; especially given the omnipresent  
option of the (unsafe) parks. His displacement  
of personal responsibility is probably a necessary  
stage in his own process of accepting ~~the~~ this  
unfortunate event in his life, but it is a  
skewed perspective on which to base policy decisions agree
2. The author suggests gargantuan targets for  
prevention efforts - homophobia, self-esteem,  
coming out. These have merit, and I agree  
with him, but specific strategies remain  
elusive. Perhaps we should re-open this  
debate within the project. Past conclusions  
have seemed to be that <sup>pursuing</sup> such broad targets  
are quixotic. agree

What we might do

1. Look at our contribution to his pattern of dangerous denial, Did "7 or 8" negative tests give him permission to continue risk? Can we more effectively elucidate this danger to our HIV negative clients - especially study participants?

2. Devote some substantial staff brainstorming time to qualitatively evaluating our present counseling strategies and considering some new ones, such as:

a) Specific skills-building: "scripts" for negotiating safer sex, on-site groups piggy-backed on to visits (permission to do so is in our study consent); videos in the study room; "homework" between pre- & post-test visits (such as a Project Aries "triggers-identification" worksheet), etc.

b) Scare tactics: I know this is taboo, but let's re-visit it. Something like before & after photos or videos of someone with AIDS (ever since 1983, "knowing someone with AIDS" has been the strongest correlate of safer choices) followed by specific suggestions for safer sex (don't leave the audience paralyzed).

c) Promotion of specific sexual practices: create & distribute more role-modeling materials - trash the wispy-waspy stuff.

So - there you have my first impressions.

Wx.  
Bob

March 8, 1990

Dear Dr. Bob,

Hello! Thanks for your recent article in the *SEN* (March 2, '90 issue) on HIV infection & trends of increased unsafe sexual practices among gay men.

Having recently sero-converted to HIV+ I believe I am representative of the men who are not consistently practicing safer sex. A little personal background might be helpful in drawing a full picture.

I am 32 yrs old white, college degree, ~~raised in~~ ~~\_\_\_\_\_~~ realized I was gay at around 21 years. Came out quickly & almost totally in a positive light. Active in various gay organizations since that time. The whole nuclear family has known I'm gay for ~~10~~ 10 years. My first physical encounters were in adult book stores, glory holes, & city parks. I've never had a long term relationship (ie nothing more than several months). About 25 yrs of age I began going to the baths for an occasional splash. Am an athlete (runner, swimmer). Rarely drink, have smoked pot about 15 times in my life. Poppers very rarely. Not much into anal sex as receptive partner - but probably have been fucked 30 times in my life. Have participated in the AIDS studies both in ~~\_\_\_\_\_~~ & Seattle. Tested negative 7 or 8 ~~times~~ <sup>recently</sup> ~~times~~ & sero-converted ~~\_\_\_\_\_~~ 14 the last 6 mos. No STOs other than Hep-A in 1980 (right after coming out to my parents - ha!), one case of NSU, & I've received the Hep-B vaccine ~~\_\_\_\_\_~~

So... enough about me.

I'd like to list some reasons why I feel I & other men have continued to have risky sex.

- 1) Some men never stopped being unsafe. Or, in my case practiced "safer" or "relatively safe" sex when having sex. This means I usually did mutual masturbation, some oral sex both ways, lots of kissing, occasionally fucked someone, & rarely got fucked. I don't ever really remember just stopping being unsafe. Has something to do with goals & priorities — of which I've not done much concrete work & planning. Easier to just let things happen, and so my sexual practice became more unsafe over the years.  
+ Denver
- 2) Here in Seattle, ~~the~~ the bath houses are still open. My very liberal bend is growing angry & impatient with this fact. Unsafe sex happens all the time in the bath houses & they <sup>(the men)</sup> really don't give a shit. They are only interested in making \$. Even Club Seattle which ironically raises a big wad in the walk-a-thon is guilty here. They provide ~~closed~~ <sup>private</sup> rooms, sell poppers, show "unsafe" porn videos, are open 24 hours, & promote anonymous sex — where safe sex conversation ~~can be~~ <sup>is</sup> inhibited. 2 of them: Club Z, & Dave's are flitty in regards to general up keep. The meager safe sex education is blasé, boring, easy to ignore. There's no creativity — no real desire to encourage safe sex & well-being.
- 3) As I mentioned — many of the porn videos don't show safer sex practices. This creates a false sense of security if we humans who like to do what we see. — especially if we've done it before & enjoyed it.

4) Bars - Thankfully we've had them to congregate in BUT what about all the drinking, drug, late nights, and cigarette smoking. Like... not very healthy places for the human immune system. I continue to hear guys say that with alcohol and/or drugs they are not safe. They do things they wouldn't if sober.

I feel one reason I tested ~~positive~~ <sup>negative</sup> for so long even though I had "anonymous relatively unsafe or unsafe sex" was because the rest of my lifestyle habits are very healthy & immune enhancing. It wasn't until the last 2 years that I smoked cigarettes & only regularly in the last 9 months.

5) Poppers still available & used <sup>regularly</sup> by some men.

6) Depression, avoidance behaviors, life is hopeless, etc. Sex is an addiction for some of us. We are compulsive & unsafe sex plays a part in this. Sex ~~is~~ a quick high, fix when I was down. Many guys I see/saw at the baths were just hanging out, "nothing better to do."

Also, the world at times seems crazier than ever; spinning so fast & I've felt a fatalistic "who cares" attitude at times.

7) Some guys have not been touched very closely by the AIDS epidemic. I've only known 2 men who have died & they were just acquaintances. I have one friend with AIDS now and 1 acquaintance who was a one time trick who also has AIDS & who at the time of our trick knew he was positive →

and never said anything. Both the 2 men just mentioned are in [redacted]. I visited both once in the hospital when they had P.C. - ~~to~~ and both are doing well today. Other than the AIDS study I've not been involved in any groups such as Chicken Soup, Shanti, etc. I've never seen anyone die or waste away due to AIDS. So what I'm saying is that I've sort of been on the outside of it all. Not many tears shed here, or shock, or sadness until recently - but even with my conversion others have remarked at how "well" I've taken the news... hmmm?!

8) My last "reason" has ~~been~~ <sup>become</sup> clearer & clearer to me recently. It is plain old HOMOPHOBIA. Such a nasty thing because it's external & internal. (A) Because of it we gay people (especially gay men) don't relate to each other well. Our non-verbal communication is good because we cruise, we have "silent" anonymous sex in the parks & baths. We view each other as objects to fuck or suck & as soon as the cum's come... goodbye. (B) because of homophobia we've come out & developed a culture around dark bars, secluded spots for sex, and businesses that sell sex-facilities. If we could (WOULD) be ourselves everywhere & show our affection publically we wouldn't need bars to meet in, baths to fuck in, and parks to sleaze in. (C) Internally we believe the homophobiq shit. This leads to isolation, low self-esteem, guilt, depression & thus addictions of all kinds including sexual, safe or unsafe,  
addictions



well — I know all my "we" statements are generalizations. But, they represent a part of our male community that is continuing to be unsafe here, there & everywhere — with anyone.

We like to think things are getting better — that is natural after all the ugliness & tears of AIDS. For example the comments concerning all the rubbers found in the bushes at Volunteer Park. "Isn't it good that guys are at least using rubbers when having sex in the bushes!" Well, I can tell you from observation & participation that during the 1 1/2 yrs I've lived in Seattle I would estimate that 50-80% of the sex is unsafe <sup>(no rubbers)</sup>. Lots of unprotected sucking, and quite a bit of unprotected fucking. Plus I've experienced more guys who were willing to swallow semen there than in the baths or elsewhere.

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### A few suggestions/ideas:

- 1) Close the baths or force them to be DIFFERENT. After reading AND, The Band Played On, I became more convinced of this. Major changes are needed! The baths could be a neat place for men to meet. Add gym equip, pool table, ping pong, games, better music, snack bar, open rooms, safe videos, etc. Dave's is a great place to see regular movies. I've gotten my \$900 worth many times when watching movies (I don't have a TV or VCR). However, change will come slowly I fear. We need a Harmonic Convergence SLAP on all gay faces or else more & more men will continue to become infected.

2) Along the same line — The ~~bars~~<sup>bars</sup> gotta be more creative. Fuck the booze, fuck the clips & J.R. Reynolds Co., fuck the dance, fuck the loud music. Maybe so — maybe not.

3) COME OUT, COME OUT! I wish we would turn purple for a week. That'd blow homophobia right off this planet. So things like The Experience are great. I fear our Capitol Hill "ghetto" is both good & bad for contributing to closetedness. I feel like we need an "ACT-UP group" to bust down those closet doors!

4) Project Aries is great. [REDACTED]  
I wish all gay men would enroll. It is structured, has a workbook, exercises, & meeting & talking about our sexual beings weekly is so great. While we all know "about" Safe Sex — we need to learn HOW to implement it into our lives. Project Aries goes way beyond the Safe Sex Workshops (I've attended 2) because it helps one learn why they are being unsafe, the triggers, how to set goals, how to change. You advertising campaigns, while very good in creativity, etc. — don't compare at all to the human sharing & work I'm doing in Project Aries. This point was validated for me when I mentioned Project Aries in my sero-positive support group at the Seattle AIDS Support Group. The guys there all had heard of safe sex & practised it to some degree but many had never been to a safe sex workshop & seemed




confused, blown away, & a little enlightened when I "preached" that sex & physical intimacy are okay for us HIV+ers. And so many of them have been isolating themselves at a time when they need most to love & be loved. And to ~~be~~ have sex! safe sex!

I hope Project Aries can expand, grow, etc. It's great that it is Free! I saw Ebern Pressel once a year ago concerning my compulsion to cruise etc. - but \$55/uk is way more than I can afford & so I wasn't able to return. Great work he does, I believe - but we need to reach many - not a few.

5) Final comments: ~~we~~ we need to learn to talk, start conversations, and relate to each other as friends & teachers. I ~~had to~~ came to accept & learn this most significantly by learning that I am HIV+. But, I feel ~~amazing~~ ~~amazingly~~ immensely (whatever... I mean REALLY) powerful now. I'm talking to sex partners. Telling them I only practice safe sex, that I am HIV+ & I am fun & creative. I want to be assertive & happy & I will be so.

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of course this letter has been wonderfully therapeutic for me. Thank you! I heard your plea loud and clear and must also thank you for all your work, time, concern, commitment, and love. 

I hope my letter speaks to your thoughts  
& questions.

If ya'd like more info - or have questions  
of me I can be reached by phone, [REDACTED]  
There's a message machine if I'm not home.

Sincerely ready, [REDACTED]

[REDACTED]

February 5, 1990

Dear Readers:

It's time for me to write again about AIDS and HIV infection in the gay community. We have a major problem to solve and we must solve it fast to save lives.

The problem is this: Why are so many men increasing their risks for AIDS again after such substantial change towards safer sex? If we could understand why these increases are occurring, we could devise plans to help our brothers stay safe.

The evidence is frightening and disappointing: Between 1988 and 1989 we have seen a substantial increase in the numbers of gay men being diagnosed with sexually transmitted diseases. In 1988 509 gay men visited Department of Public Health clinics seeking evaluation and treatment for sexually transmitted diseases. In 1989 937 gay men visited these same clinics.

In 1988 27 cases of gonorrhea were diagnosed in gay men visiting these clinics; in 1989 there were 92 diagnoses of gonorrhea in gay men. In 1988 80 men came in with "non-specific urethritis" (also known as "NSU", "NGU", and "chlamydia", or the non-gonococcal drip); in 1989 this number had risen to 169. Similarly acute rectal infection, herpes, and cases of syphilis rose from 12, 3 and 4 (respectively) in 1988 to 40, 18 and 18 in 1989.

You all need to know how gay men get these diseases -- one guy sticks his penis into another guy's body without using a condom. Usually neither partner knows, but one of them has an infection of the penis, throat, or anus and eventually one or both come down with the symptoms (commonly, drip from the penis, burning on urination, sore throat, rectal pain, discharge or diarrhea). It could take up to a couple of weeks for these symptoms to develop.

Unfortunately, not all sexually transmitted infections cause symptoms -- the worst example being human immunodeficiency virus (HIV). HIV only causes noticeable symptoms (fever, swollen glands, sore throat, fatigue and other flu-like feelings) about a third of the time when the person first becomes infected. There are also people who can carry gonorrhea, herpes, syphilis, wart (papilloma) virus, chlamydia, hepatitis, and a host of other serious diseases without any symptoms, completely unawares. Some of these conditions -- herpes and syphilis, for example -- make it relatively easy for persons carrying them to become infected with HIV, because these diseases cause ulcerative sores that break the skin and other body surfaces and allow the HIV easier entry into the body.

The evidence is quite solid that HIV is the cause of AIDS, and

evidence is growing that given enough time practically everyone who becomes infected with HIV will eventually develop AIDS and die of it. Furthermore, sex that spreads any of these other diseases can spread HIV; condoms that prevent the spread of HIV also prevent the spread of gonorrhea, herpes, and the other STDs. HIV should be simple to control among gay men who are not seeking to make kids.

What is going wrong? The AIDS Project of the Seattle/King County Department of Public Health and the Northwest AIDS Foundation have been in existence since 1983. During the past 7 years the amount of money spent on AIDS education and prevention has increased considerably. Although more of this money recently has been used to fight disease among people of color, women, and drug users, there has been no letup in the amount of funding targeting the gay male community, and frequently we change our campaigns to maintain interest.

Are people just getting tired of safer sex? Did they expect a cure or vaccine by this time (9 years into the AIDS epidemic), and just can't wait any longer? Is the news that HIV infection and AIDS more treatable luring people to resume risky sex because the disease is getting better? I would point out that even though AIDS is more treatable, it is still very lethal. Even now practically no one survives beyond 5 years from an actual diagnosis of AIDS. AZT and drugs to prevent pneumocystis prolong survival but only a few extra years usually.

We must keep the gay male population from spreading this infection within its ranks; otherwise, there will be so few of the old guard left that the young will have no one to learn from. Already, gay rights losses are occurring across the nation as gay activists are becoming ill or too tired of the AIDS battles to fight for their rights.

I'm hoping to provoke some discussion in the pages of the Seattle Gay News through this column. I'd like to know why people think men are returning to risky sex, and what involved organizations (and concerned individuals) should do to reverse this trend. I am asking for a more detailed analysis of these data. For example, how much gonorrhea is of the throat, how many of these gay men are newly gay, or homosexually active without calling themselves gay. These and other such questions might help us understand the needs better.

Please write me with your comments and questions. --Dr. Bob